

Understanding Ethical Behavior: The Ethics of SUD Counseling in a Rural Area

El Dorado County
Substance Use Disorder Services
DMC-ODS Training Series

September 26, 2023

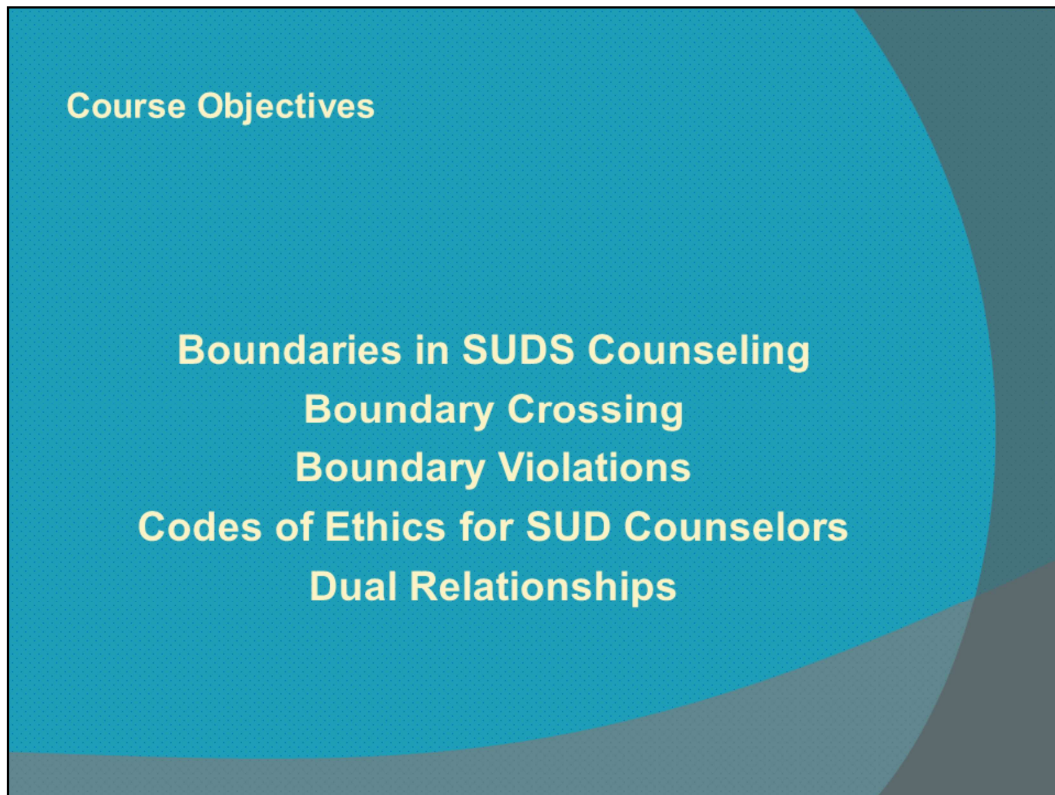


Hello everyone. Thanks for coming. We will be using a Start code and End code that will be needed for the after-training survey. The link will be emailed only to those of you who registered for this training. You will need to complete the entire survey to receive CEUs or Certificates of attendance. SUD Counselors who want CEUs will receive an exam that also must be completed counselors/registrants to receive CEUs.

The Start Code is 7691

This presentation will be taped and posted to the EDC SUDS webpage under trainings and the PPT will be sent out later this week to anyone who requests a copy. (Start recording)

Welcome to another El Dorado County Substance Use Disorder Services DMC-ODS Quality Assurance Training Series presentation. Today we will be discussing The Ethics of SUD Counseling in a Rural Area. This training will allow you to understand ethical practices within the SUD profession and what it means to practice in a rural area in an ethical manner. You will also learn what not to do as well.



At the end of this 1.5 hour Continuing Education Training, participants will have the knowledge necessary to understand the following:

- Boundaries in SUDS Counseling
- Boundary Crossing
- Boundary Violations
- Codes of Ethics for SUD Counselors
- Dual Relationships

---At the end of this 1.5 hour Continuing Education Training, participants will have the knowledge to answer the following:

- What are the Ethical Issues a SUD Counselor may encounter working in a Rural Community?
- What does Boundary Crossing mean?
- What are Boundary Violations?
- What are the different Dual Relationship categories?

Rural Demographics

Background Info

- **20-23% of the United States' overall population, live in rural areas**
- **13% of California's population, live in rural areas**
- **16-20% of rural US residents struggle with significant substance use disorder, mental illness**
- **With 192,843 residents approximately 30,854 of EDC residents struggle with significant substance use disorder, mental illness**

While we have two population centers in El Dorado County, we are small and more rural than urban in most areas. And our populations centers are rural in most ways as well.

From a populations stand point, approximately 62 million people, or 20-23% of the United States' overall population, live in rural areas

Approximately 5,187,019 or 13% of California's population, live in rural areas

Of those, recent estimates indicate that 16-20 percent or "at least 15 million rural US residents struggle with significant substance use disorder, mental illness, and medical-psychiatric comorbid conditions. Approximately 829923 million rural CA residents struggle with significant substance use disorder, mental illness, and medical-psychiatric comorbid conditions

So looking at El Dorado County as mostly rural, with 192,843 residents approximately 30,854 of our friends and neighbors struggle with significant substance use disorder, mental illness, and medical-psychiatric comorbid conditions. Which brings us to some further disturbing statistics

The SUD Profession and Ethical Behavior

Substance abuse treatment professionals have the highest rate of ethical violations among all other human service professionals

- 12.4% higher than Licensed Social Workers
- 17.1% higher than Licensed Psychologists
- 18.8% higher than Licensed Professional Counselors
- 26.3% higher than Licensed Marriage & Family Therapists

From Gallagher study via Institute of Chemical Dependency Studies

Substance abuse treatment professionals have the highest rate of ethical violations among all other human service professionals.

12.4% higher than Licensed Social Workers

17.1% higher than Licensed Psychologists

18.8% higher than Licensed Professional Counselors

26.3% higher than Licensed Marriage & Family Therapists

84.6% of those violations were split into:

46.2% for dual relationships

38.4% for exploitation of clients



So we just talked about the stats. Chilling and so avoidable. Yet most who get into this profession are addicts who sometimes have Magical thinking that leads to a belief that the rules don't apply to me, just like when we are using. Well, the rules apply, all of them and if this offends you, in the words of James Dalton, "There's always Barber College".

Now lets talk responsibility...To your profession, agency, clients and to yourself. If you believe in Ethical Practice, you must believe that ethics must be upheld. When you see an ethical issue become a violation, it is your responsibility to report it. And if you think you can't do that because you are not a snitch, I refer you back to James Dalton and Barber College. This profession is not the "Penn" or the hood or the streets or the code. That BS is part of the life many of us walked away from when we entered recovery. If you are practicing and still live by that, get out. You cannot do both. Harsh I know. But too bad. Lives are at stake.

Reports can be filed with CAADE, CCAPP, CADTP and/or CADHCS . The only way we lower the statistics and stop being the ethical whipping post of the helping professions is by upholding all that our ethical standards require.

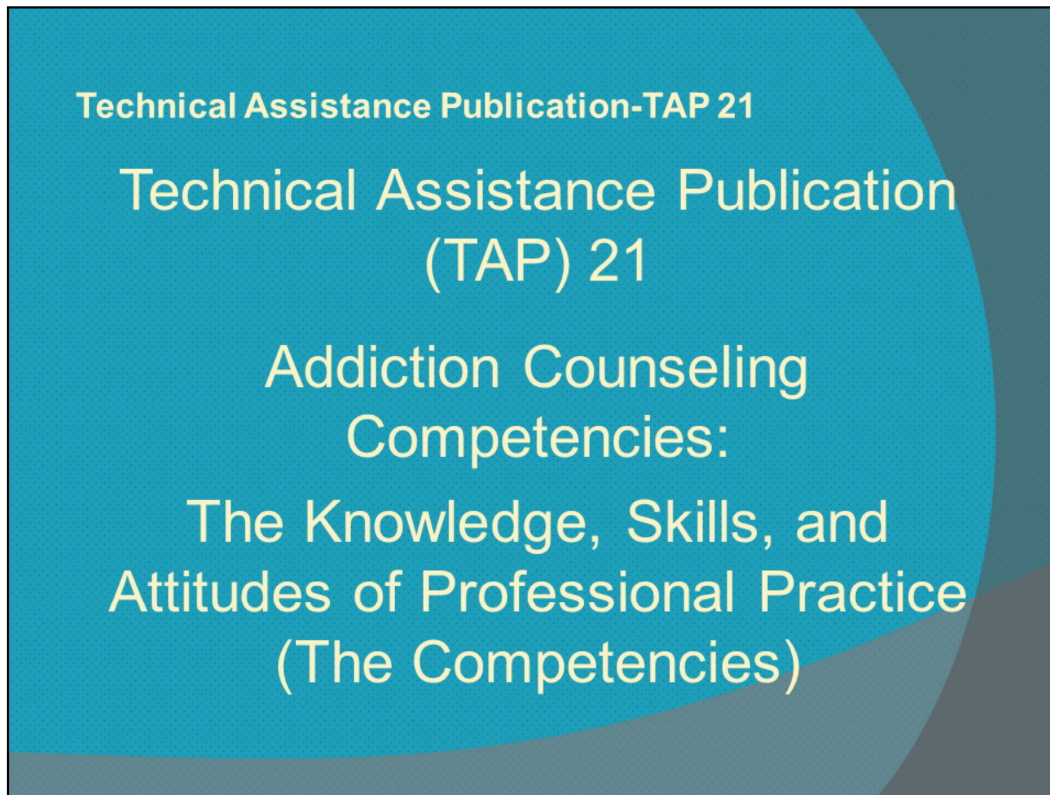
The SUD Professional

Many SUD counselors are
in recovery themselves

Ethical standards supersede all
other considerations

Many SUD counselors, like their clients, participate in a SUD recovery program of their own. This and other relatively informal aspects of the SUD field blur boundaries and roles, creating possibilities for ethically compromising situations.

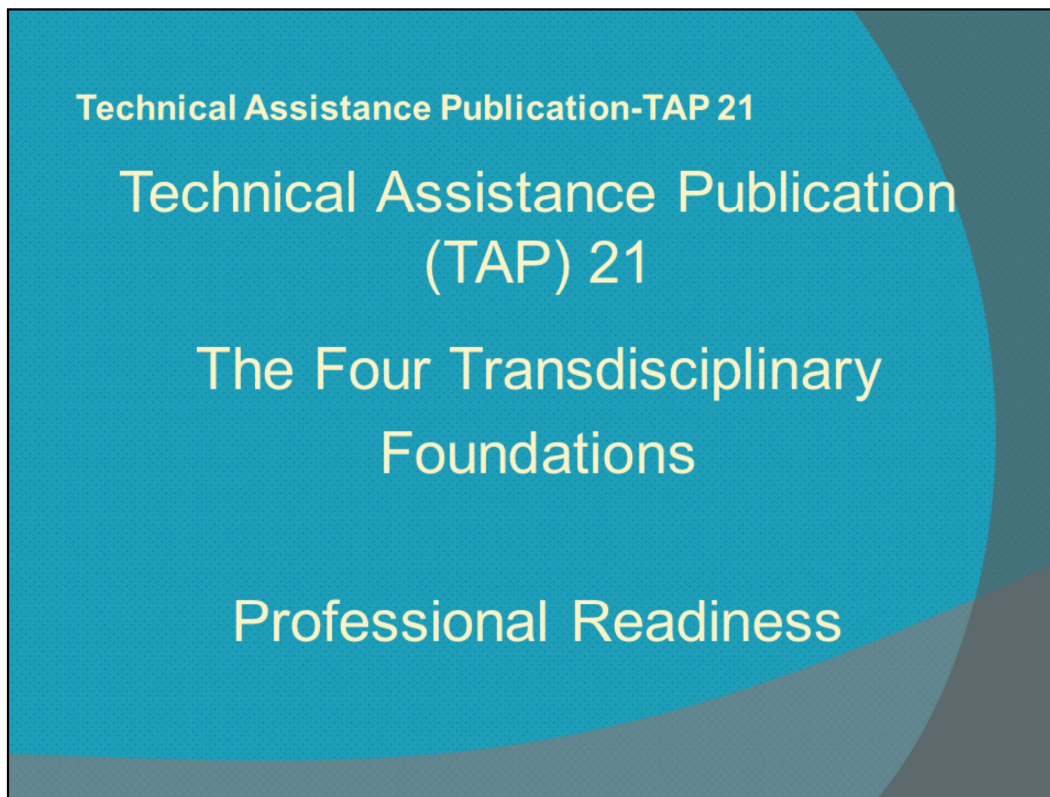
Ethical standards supersede all other considerations. All counseling actions and decisions must be considered from the standpoint of and be governed by these standards.



One such place that we can find ethical standards is with TAP 21.

SAMHSA published Technical Assistance Publication (TAP) 21, *Addiction Counseling Competencies: The Knowledge, Skills, and Attitudes of Professional Practice (The Competencies)* to highlight competencies that are essential to the effective practice of SUD counseling, as well as the knowledge, skills, and attitudes (KSAs) that counselors need to become proficient in each competency.

SUD counselors need both core foundational competencies related to SUD treatment as well as more specific and extensive competencies that go beyond foundational knowledge.



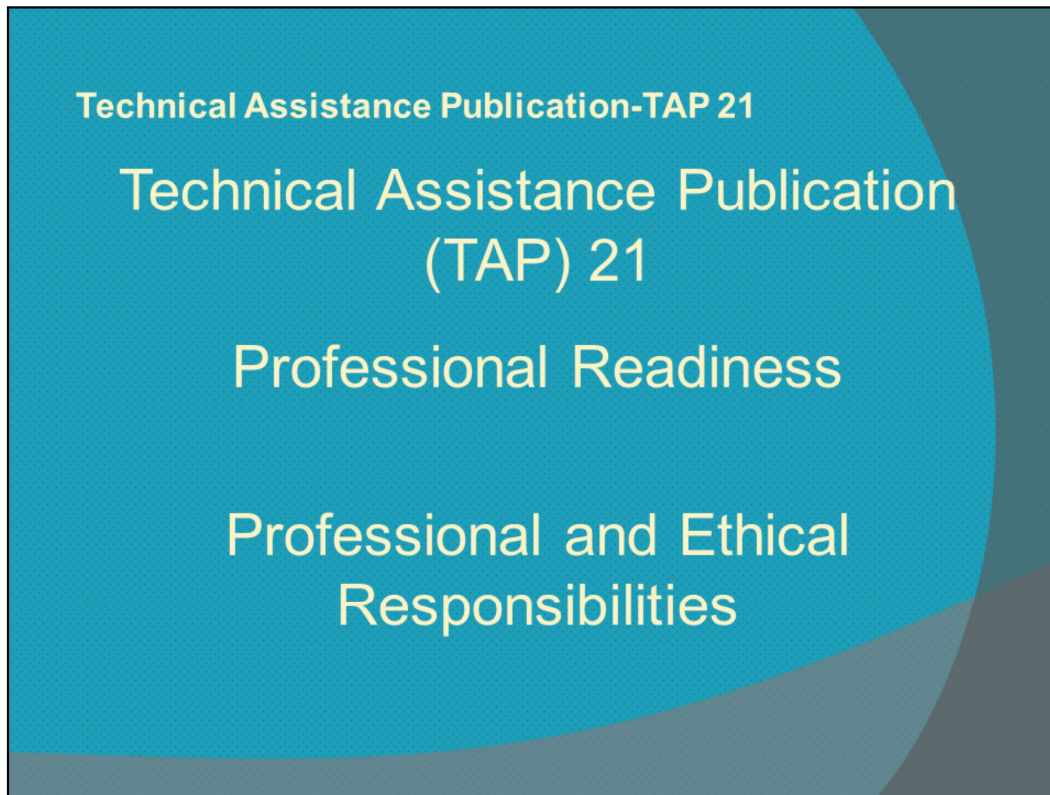
Providers with a broad range of backgrounds and in a wide variety of settings encounter clients with SUDs. This highlights the need for basic knowledge and understanding about substance-related factors that can interact with social and environmental contexts and contribute to medical and psychological comorbidities. The transdisciplinary foundations comprise four sets of competencies

Ethical practice can be found under the Professional readiness competency:

- Understand the SUD professional's obligations to adhere to ethical and behavioral standards of conduct in the helping relationship

A significant but under-utilized competency is also found under the Professional readiness competency:

- Understand the importance of ongoing supervision and the requirements of continuing education in the delivery of client services



In TAP 21 Professional and Ethical Responsibilities is found in the section devoted to Professional Readiness.

The dimension of professional and ethical responsibilities encompasses the obligations of a counselor to adhere to accepted ethical and behavioral standards of conduct and continuing professional development.

Counselors with an understanding of these obligations can adhere to established professional codes of ethics that define the professional context within which the counselor works to maintain professional standards and safeguard the client; to adhere to federal and state laws and agency regulations regarding the treatment of SUDs; to use a range of supervisory options to process personal feelings and concerns about clients; to conduct evaluations of professional performance applying ethical, legal, and professional standards to enhance self-awareness and performance; and to obtain appropriate continuing professional education.

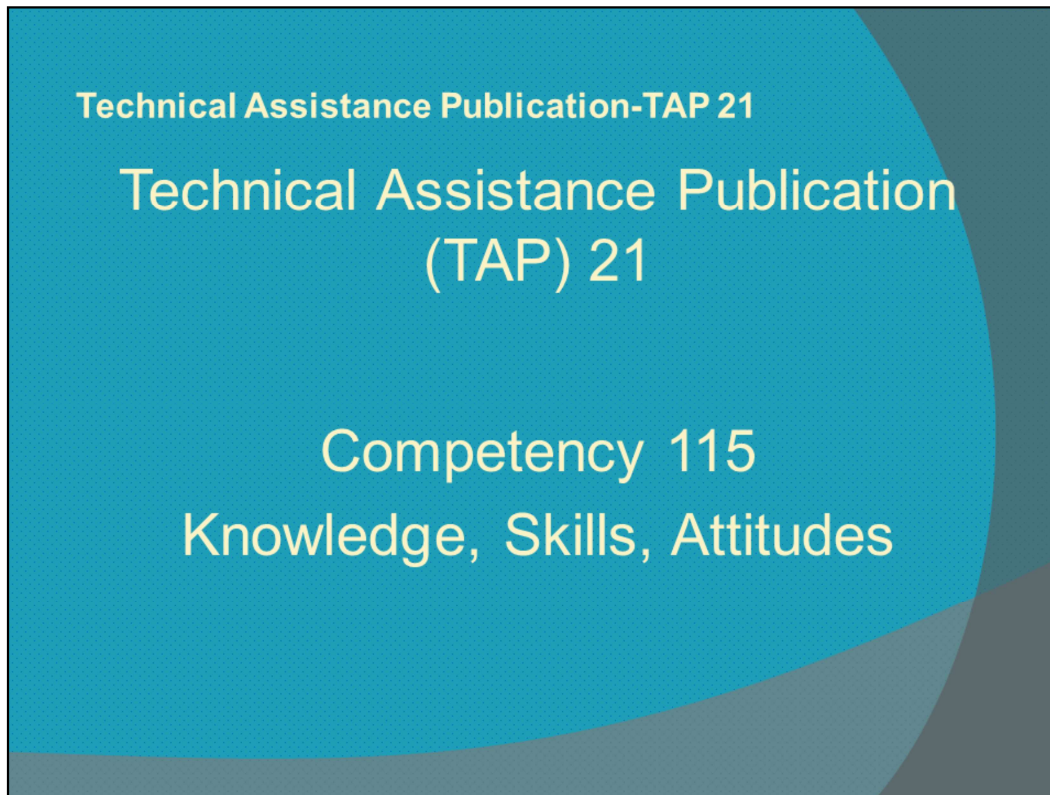
Technical Assistance Publication-TAP 21

Technical Assistance Publication (TAP) 21

Professional and Ethical Responsibilities

Obligation to Ethical Standards

Definition: The obligations of an addiction counselor to adhere to accepted ethical and behavioral standards of conduct and continuing professional development.



Competency 115: Adhere to established professional codes of ethics that define the professional context within which the counselor works to maintain professional standards and safeguard the client.

Knowledge

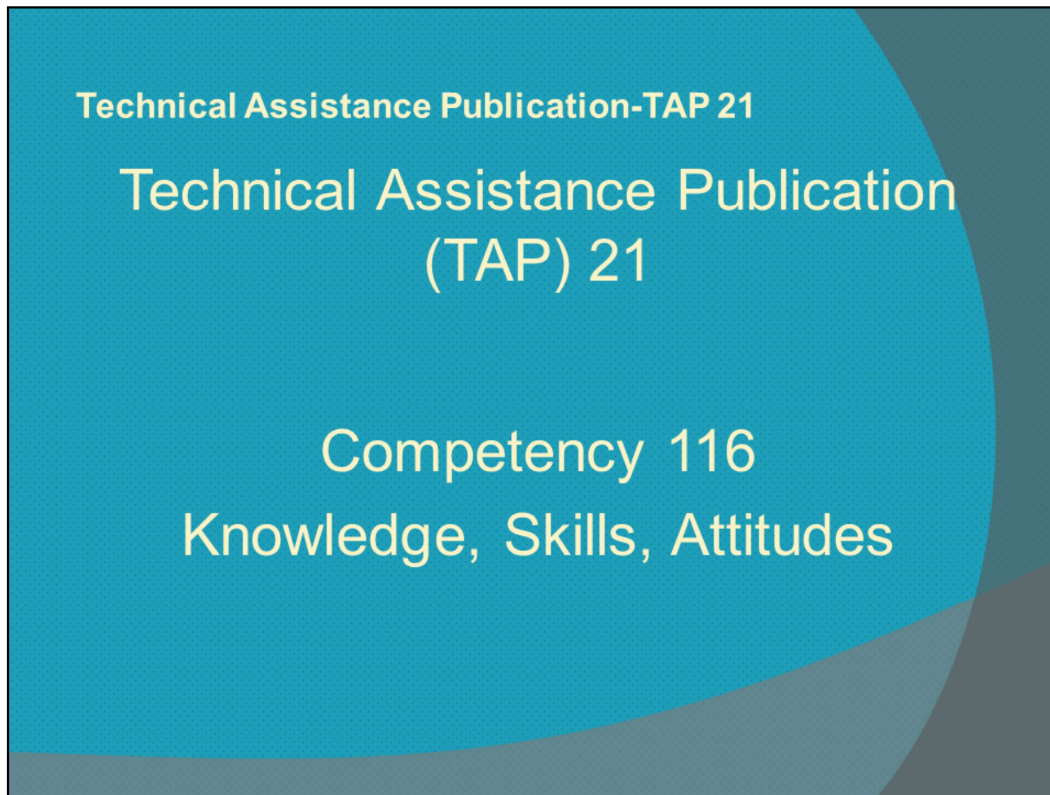
- Federal, State, agency, and professional codes of ethics.
- Clients' rights and responsibilities.
- Professional standards and scope of practice.
- Boundary issues between client and counselor.
- Difference between the role of the professional counselor and that of a peer counselor or sponsor.
- Consequences of violating codes of ethics.
- Means for addressing alleged ethical violations.
- Nondiscriminatory practices.
- Mandatory reporting requirements.

Skills

- Demonstrating ethical and professional behavior.

Attitudes

- Openness to changing personal behaviors and attitudes that may conflict with ethical guidelines.
- Willingness to participate in self, peer, and supervisory assessment of clinical skills and practice.
- Respect for professional standards.



Competency 116: Adhere to Federal and State laws and agency regulations regarding the treatment of substance use disorders.

Knowledge

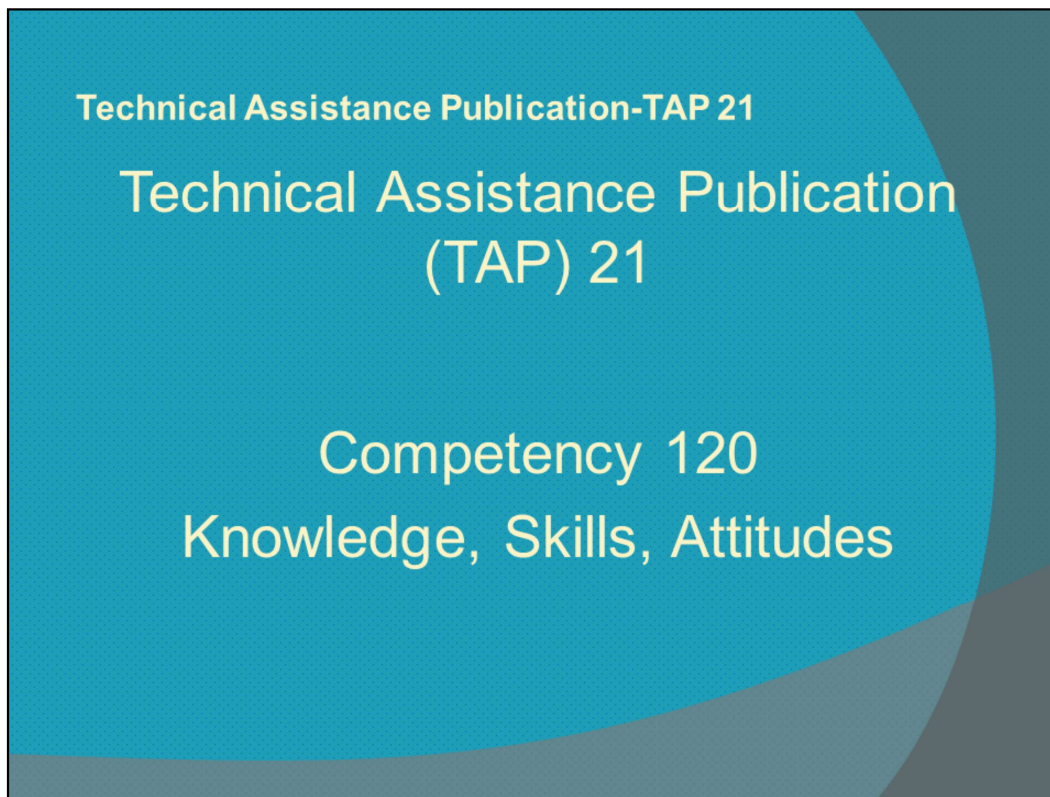
- Federal, State, and agency regulations that apply to addiction counseling.
- Confidentiality rules and regulations.
- Clients' rights and responsibilities.
- Legal ramifications of noncompliance with confidentiality rules and regulations.
- Legal ramifications of violating clients' rights.
- Grievance processes.

Skills

- Interpreting and applying appropriate Federal, State, and agency regulations regarding addiction counseling.
- Making ethical decisions that reflect unique needs and situations.
- Providing treatment services that conform to Federal, State, and local regulations.

Attitudes

- Appreciation of the importance of complying with Federal, State, and agency regulations.
- Willingness to learn the appropriate application of Federal, State, and agency guidelines.



Competency 120: Conduct self-evaluations of professional performance applying ethical, legal, and professional standards to enhance self-awareness and performance.

Knowledge

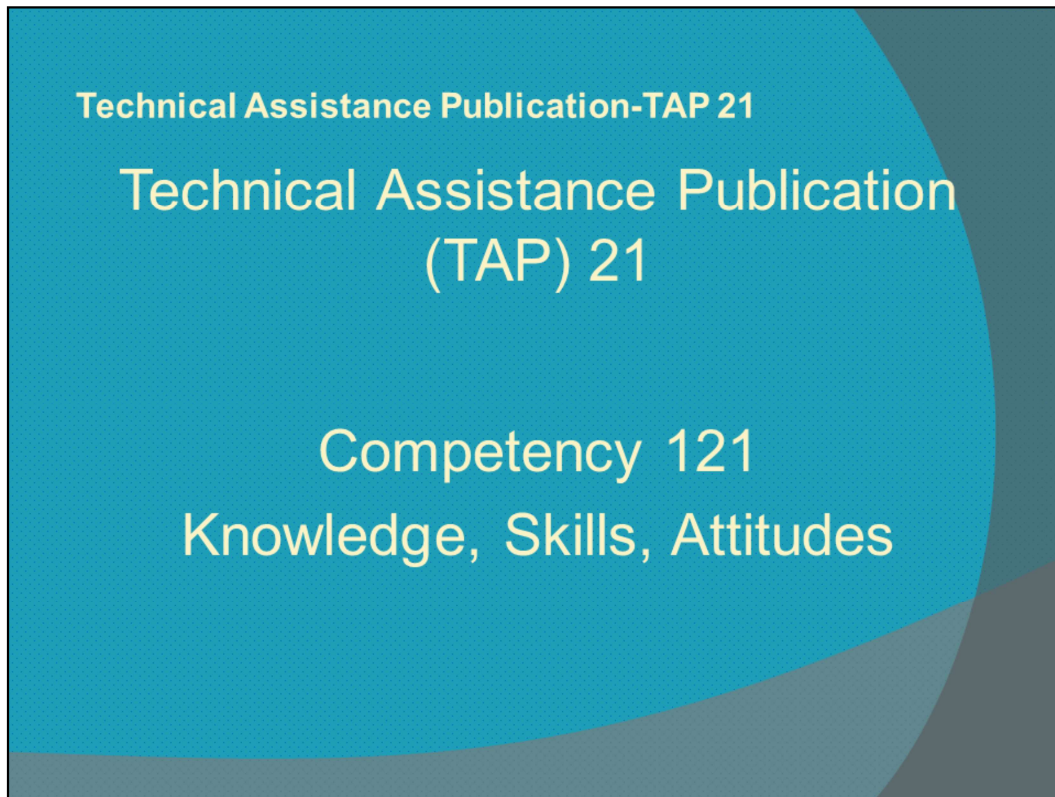
- Personal and professional strengths and limitations.
- Legal, ethical, and professional standards affecting addiction counseling.
- Consequences of failure to comply with professional standards.
- Self-evaluation methods.
- Regulatory guidelines and restrictions.

Skills

- Developing professional goals and objectives.
- Interpreting and applying ethical, legal, and professional standards.
- Using self-assessment tools for personal and professional growth.
- Eliciting and applying feedback from colleagues and supervisors.

Attitudes

- Appreciation of the importance of self-evaluation.
- Recognition of personal strengths, weaknesses, and limitations.
- Willingness to change behaviors as necessary.



Competency 121: Obtain appropriate continuing professional education.

Knowledge

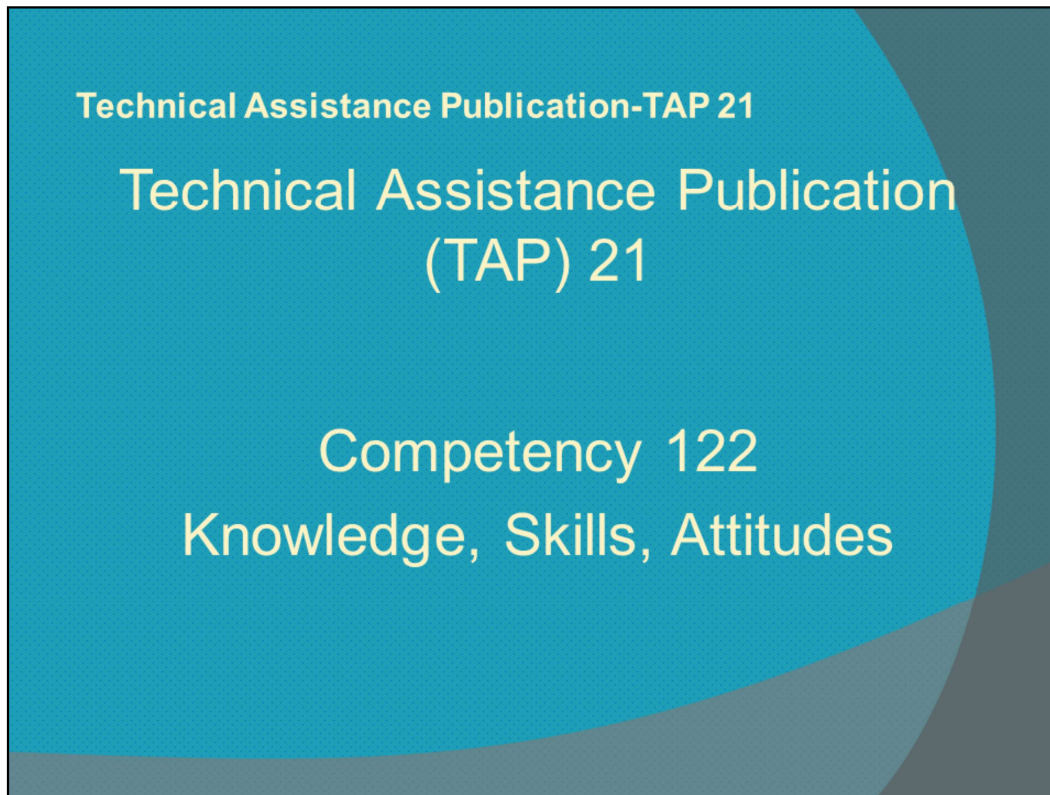
- Education and training methods that promote professional growth.
- Recredentialing requirements.

Skills

- Assessing personal training needs.
- Selecting and participating in appropriate training programs.
- Using consultation and supervision as enhancements to professional growth.

Attitudes

- Recognition that professional growth continues throughout one's professional career.
- Willingness to expose oneself to information that may conflict with personal or professional beliefs.
- Recognition that professional development is an individual responsibility.



Competency 122: Participate in ongoing supervision and consultation.

Knowledge

- The rationale for regular assessment of professional skills and development.
- Models of clinical and administrative supervision.
- The rationale for using consultation.
- Agency policy and protocols.
- Case presentation methods.
- How to identify needs for clinical or technical assistance.
- Interpersonal dynamics in a supervisory relationship.

Skills

- Identifying professional progress and limitations.
- Communicating the need for assistance.
- Preparing and making case presentations.
- Eliciting feedback from others.

Attitudes

- Willingness to accept both constructive criticism and positive feedback.
- Respect for the value of clinical and administrative supervision.

Preparing the SUD Professional

Ethics training is often
inadequate

Institutional denial around
ethical issues is often muted

In the preparation of SUD counselors, specialized ethics training is the area most often cited as inadequate.

Furthermore, internal agency discussion of ethical issues is sometimes muted out of shame, fear, confusion, or expediency; this can be summed up by the term institutional denial

As the previous TAP 21 Competencies illustrate, ethical practice requires foundational education in ethics as well as continuing education. They also show that one must be willing to talk about ethical considerations during supervision, with peers and with agency leadership at all times.

Preparing the SUD Professional

Consultation is necessary

Not to seek advice can be unethical.

Consultation with supervisors or other professionals is necessary to ensure a continuing ethical relationship between counselors and their clients, especially in situations where there appears to be a conflict among ethical standards or between ethical and other considerations.

Seeking appropriate consultation is considered an ethical necessity in most helping professions.

Not to seek advice from others can be unrealistic, inflexible, unwise, and even unethical. One may need to speak to experienced peers or clinical supervisors or to call on the expertise of those trained in other helping professions, such as MFTs or LCSWs. Consultation should come sooner rather than later.



Nonmaleficence is the ethical principle of doing no harm.

The principle of nonmaleficence requires that every action be weighed against all benefits, risks, and consequences, occasionally deeming no treatment to be the best treatment.

Substance abuse counselors must be patient and respectful of all clients even those who may be angry, belligerent and hostile to the idea of alcohol or drug treatment. Addiction counselors do not involve clients in studies or experiments without fully informed, freely given consent. They must also perform their job within the scope of their license and training.

Helping Professions in CA

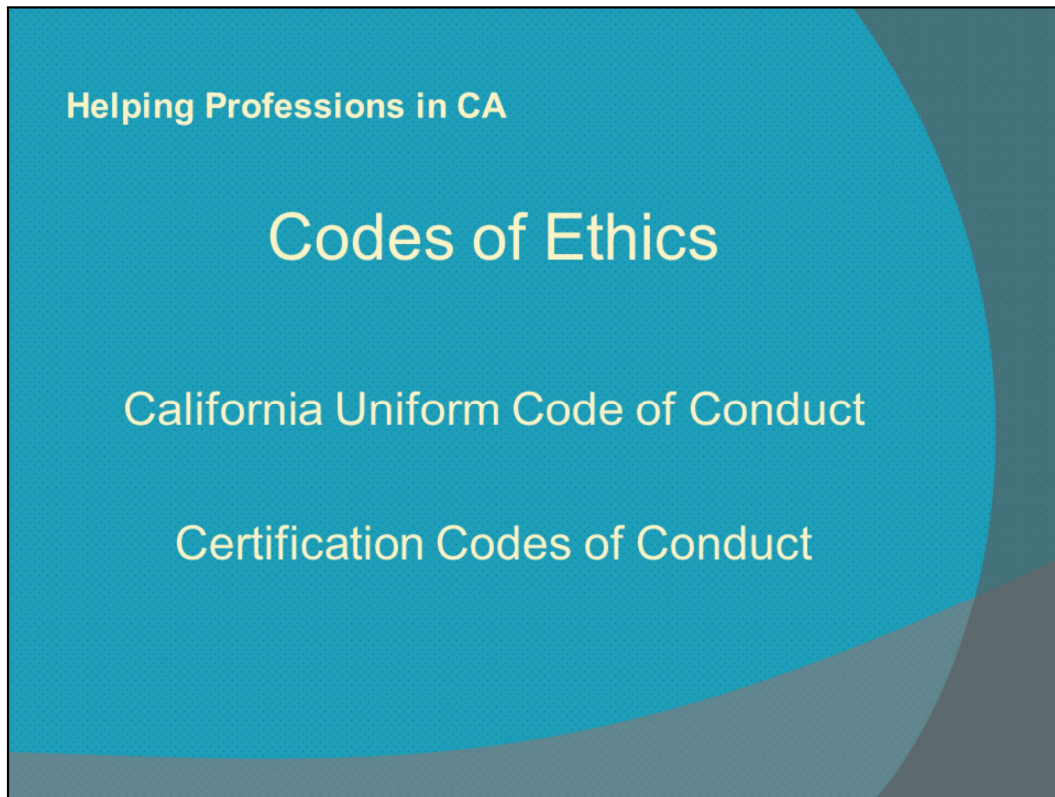
Ethics education
varies and can be less than
adequate

The range of ethics education required to practice SUD counseling varies.

Some counselors attend a full semester of ethics education at a regionally accredited college or university.

Other counselors can become certified with the bare minimum of 9 hours of ethics education.

Others fall somewhere in between.



LPHA's sign a code of ethics with their organizations, ie CAMPF, CalPCC ect and must pass an ethics exam from the BBS

Every SUD Counselor signs two Codes of Ethics

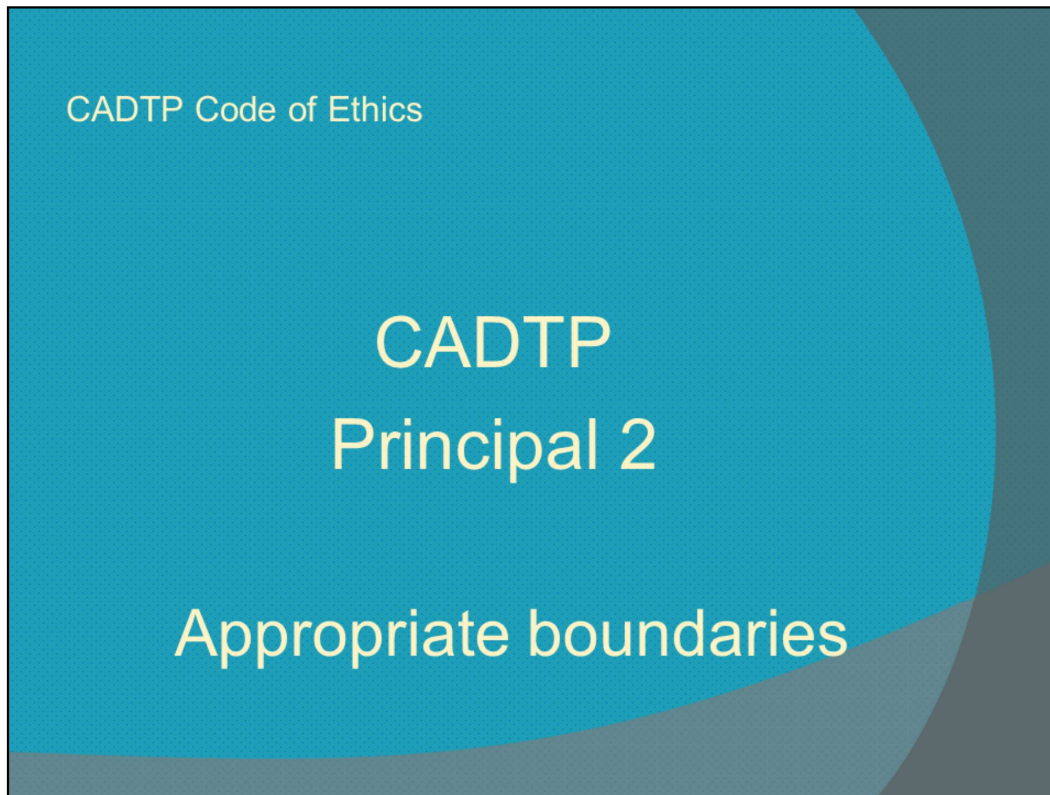
CA Code of Conduct

Depending on Certification Organization

CADTP Code of Ethics

CAADE Code of Ethics

CCAPP Code of Ethics



Principle 2: Registrants and Certified AOD counselors shall maintain professionally appropriate boundaries with clients and family members of clients and shall conduct themselves in a professional, non -exploitive and lawful manner, and are prohibited from:

- e. Engaging in inappropriate social relationships, sexual relations or soliciting sexual relations with a client or with a former client within two years from the termination date of the counseling relationship;
- f. Committing an act of sexual abuse, misconduct or an act punishable as a sexually related crime;

Principle 2: Registrants and Certified AOD counselors shall maintain professionally appropriate boundaries with clients and family members of clients and shall conduct themselves in a professional, non -exploitive and lawful manner, and are prohibited from:

- g. Engaging in a business relationship with clients, patients, program participants, residents and/or other persons significant to them within one year from the termination of the counseling relationship;

CAADE Code of Ethics

CAADE Principle 8

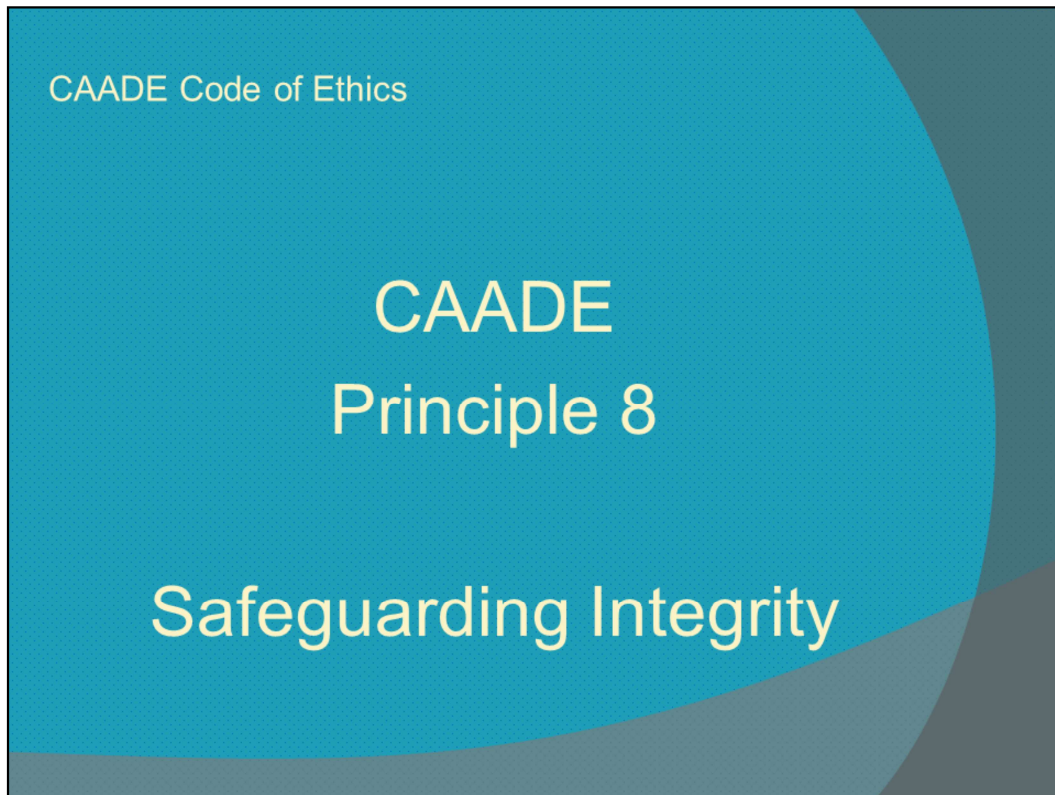
Safeguarding Integrity

Client Relationships It is the responsibility of the Registrant or AOD Counselor to safeguard the integrity of the counseling relationship and to ensure that the client has reasonable access to effective treatment. The Registrant or AOD Counselor shall provide the client and/or guardian with accurate and complete information regarding the extent of the potential professional relationship.

B. The Registrant or AOD Counselor shall not engage in dual relationships with clients that have any significant probability of causing harm to the client, or the counseling relationship. As a general rule, a Registrant or AOD Counselor should not provide services to friends, family members, or any person with whom they have or have had a social, business, or financial relationship

The Registrant or AOD Counselor shall not exploit relationships with current or former clients for personal or financial gain, including social or business relationships. This could include, but not be limited to, borrowing from or loaning money to clients; accepting gifts from clients; accepting favors from clients such as volunteer labor; or accepting goods or services in lieu of payment.

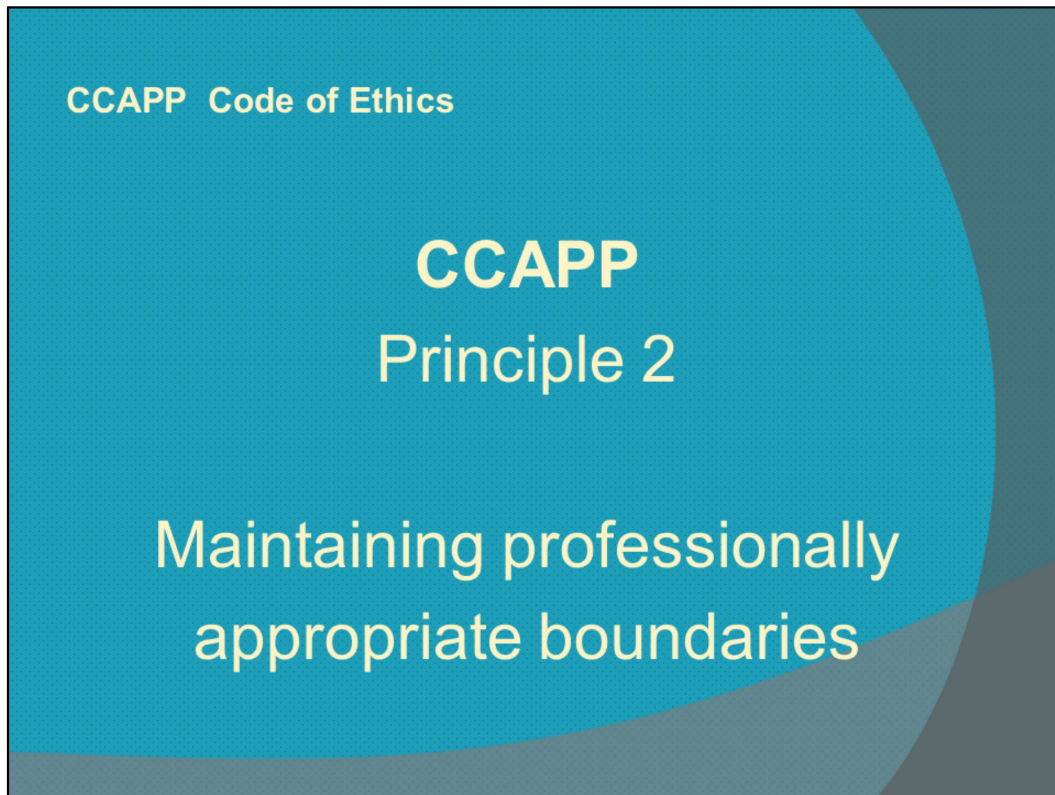
The Registrant or AOD Counselor shall not under any circumstances engage in sexual behavior (both verbal and non-verbal) with clients, clients' family members, or other persons known to be significant to the client, either simultaneously with the therapeutic relationship or within two years following the termination of the professional relationship.



The Registrant or AOD Counselor shall not accept as clients anyone with whom they have engaged in sexual behavior.

The Registrant or AOD Counselor will avoid dual relationships with current or past clients in self-help-based recovery groups (such as A.A., N.A., Al-Anon, Smart Recovery, etc.) by not sponsoring a current or former client; by not having as a client a former sponsor or sponsee; by avoiding meetings, whenever possible, where clients are present; and by maintaining clear and distinct boundaries between the professional counselor and self-help sponsor roles.

This last one is tricky as there are only so many meetings. That said, Folsom and Sacramento County is not that far and there are meetings there every day.



Principle 2: Credentialed AOD professionals shall maintain professionally appropriate boundaries with clients and family members of clients and shall conduct themselves in a professional, non-exploitive and lawful manner, and are prohibited from:

Engaging in inappropriate social relationships, sexual relations or soliciting sexual relations with a client or with a former client within two years from the termination date of the counseling relationship

Committing any act of sexual abuse, misconduct or an act punishable as a sexually related crime;

Engaging in a business relationship with clients, patients, program participants, residents and/or other persons significant to them within one year from the termination of the counseling relationship;

Prohibitions

Engaging in an inappropriate relationship with a program participant

Sexual abuse, misconduct or an act punishable as a sexually related crime

Engaging in a business relationship with a program participants

Certified counselors and registrants are also prohibited from the following:

- (A) Engaging in inappropriate social relationships, sexual relations or soliciting sexual relations with a client or with a former client within two years from the termination date of the counseling relationship.
- (B) (B) Committing an act of sexual abuse, misconduct or an act punishable as a sexually related crime.
- (C) (C) Engaging in a business relationship with clients, patients, program participants, residents and/or other persons significant to them within one year from the termination of the counseling relationship.

CODE CHALLENGES

Professional roles
can easily become
unintentionally blurred

In rural and small practice, personal and professional roles can easily become unintentionally blurred. In these settings, prevailing standards and codes of ethics cannot be applied in automatic ways.

To most people, having healthy boundaries in a counseling relationship comes naturally. It makes common sense for most people that they should not have sexual relationships with their clients, they should not be friends on social media with their clients, and they should not be giving them rides home, or EMPLOYING them. Yet, for some counselors, this is still an issue and boundaries are crossed and violated every day. Boundary issues can harm the client who may too vulnerable and weak at the time to understand they are being abused in the client counselor relationship.

The best practice to avoid these issues is to follow your Code of Ethics and the CA Code of Conduct.



In every setting and in every area in this line of work, we encounter boundary issues such as whether to engage in a friendship with a former client, accept gifts or invitations from clients, hire a former client who has expertise, disclose personal type information and various kinds of sharing of information.

In rural or small towns, communities, the possibility of simultaneous personal and professional involvement is high if not inevitable.

Boundary issues happen when you use the therapeutic relationship as a springboard to another relationship.

For example, you become your client's

- Lover
- Banker
- Landlord

These are always problematic, sometimes criminal

Your License/Certification will be at risk, as client harm will be presumed

The Ethics of Rural SUD Counseling

Ethical boundaries
are common and complex

Dual relationships often can
overlap

Ethical issues related to professional boundaries are common and complex

Dual relationships in small communities and rural areas take several forms, most common overlapping social relationships and overlapping business or professional relationships



Ethical issues surrounding boundaries and dual relationships, particularly in small and rural communities are much more complex than they may first appear.

What constitutes sound ethical practice in urban areas may not completely parallel the practice of their rural and small community counterparts. Catch 22 ... Small community workers are not just rural practitioners. They are also professionals who live and work in these small communities.

It is your responsibility to protect the confidentiality of a client. A good rule of thumb is to let them know up front that you will not acknowledge them in public, say at Safeway or an NA meeting. Tell them it is not personal and is for their protection.

SMALL RURAL COMMUNITIES

Unanticipated encounters

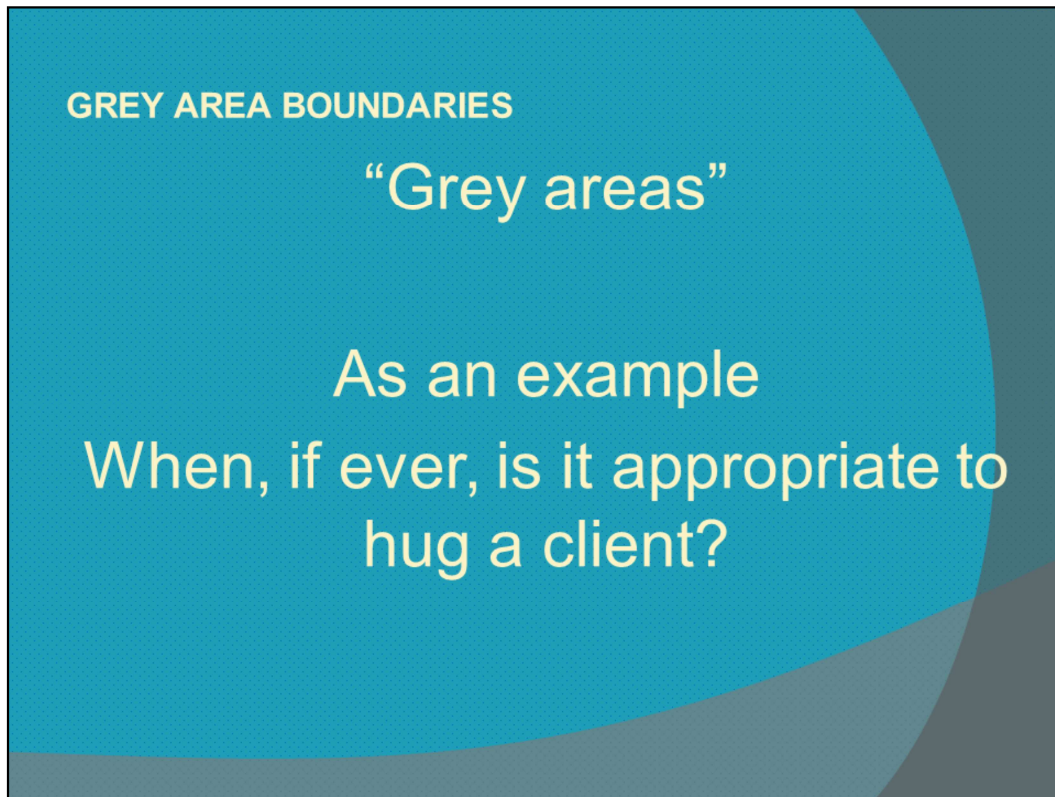
Gas Station
Restaurants
Little League
Church

In small communities, rural communities, some unanticipated encounters between counselors and clients are innocuous and unlikely to pose significant problems.

For example, counselors who encounter clients in a local supermarket or pharmacy may feel awkward, but these brief unplanned encounters are not likely to have significant lasting repercussions.

Unanticipated encounters are inevitable

Gas Station
Restaurants
Little League
Church



There are the “grey areas” around professional boundaries that require the use of good judgement and careful consideration of the context like when, if ever, is it appropriate to hug a client?). While each separate situation may appear harmless, when put together they may form a pattern indicating that a boundary has been crossed

Most unethical situations arise because the client and the counselor are both fuzzy about the grey areas.

When in doubt, consult your clinical supervisor, manager or program director.

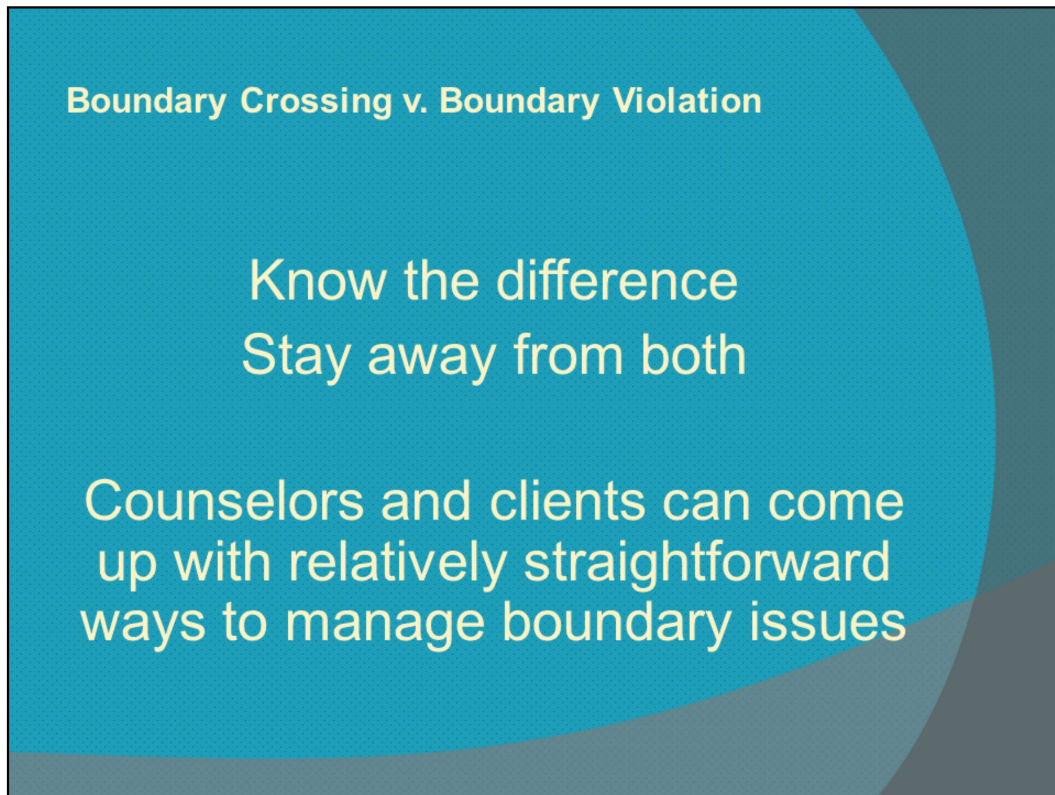
DEFINING BOUNDARY ISSUES

Two kinds of Boundary issues

Boundary Crossing
Boundary Violation

Boundary Crossing - often involves clinically inappropriate interventions, such as self-disclosure, home visit, non-sexual touch, gifts or bartering

Boundary Violations - occur when Counselors cross the line of decency and violate or exploit their clients



A boundary crossing is a decision to deviate from an established boundary for a specific purpose- a brief excursion with a return to the established limits of a professional relationship

A boundary crossing is also any activity that moves the counselor from a strictly objective position.

Boundary crossings may be minor and may even be therapeutic.

A boundary crossing becomes a violation when it becomes harmful to the client. It can be difficult to assess when harm is caused.

Let client know up front you will not acknowledge them in public; it is the client's right to acknowledge you or not

Let client know it is not personal; it is for their confidentiality and protection

Some clients we have to assist in maintaining boundaries

Counselors and clients can come up with relatively straightforward ways to manage boundary issues

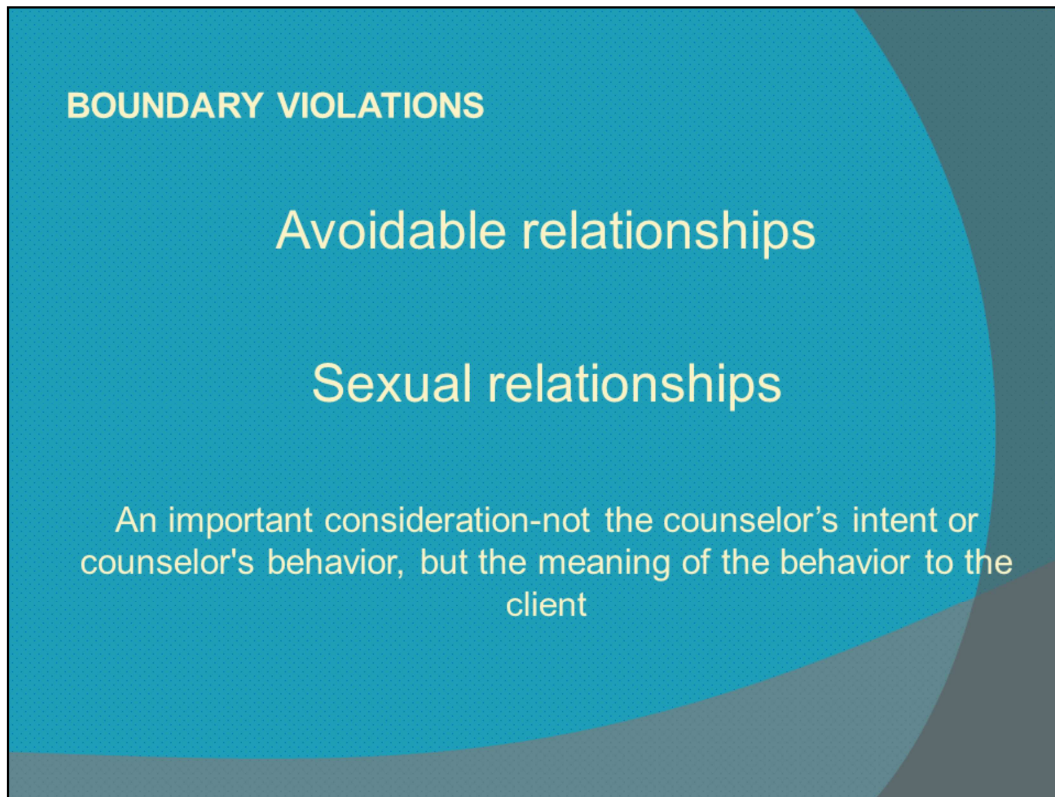
BOUNDARY CROSSING

WARNING SIGNS

Deviation from classical therapeutic activity that is harmless, non-exploitative, and possibly supportive of the therapy itself.

And yet...

- Time spent with a client beyond what is needed to meet the therapeutic needs;
- Choosing clients based on factors such as looks, age, or social standing;
- Responding to personal overtures by the client;
- Sharing personal problems with a client;
- Dressing differently when seeing a particular client;
- Frequently thinking about a client outside of the context of the therapeutic relationship;
- Being defensive or making excuses when someone comments on or questions your interactions with a client;
- Being hesitant (except for reasons of confidentiality) or embarrassed to discuss the relationship between you and your client;
- Providing the client with a home phone number or email address unless it is required in the context of a therapeutic relationship; and
- Maintaining a client on treatment longer than required.



There are two kinds of Boundary Violations that are Pretty simple to define and see when you see them. These Violations almost always cause some kind of harm.

They are Avoidable dual or multiple relationships and Sexual relationships

An important consideration of what causes harm to the client is not the counselor's intent or even necessarily the counselor's behavior, but the meaning of the behavior to the client.



Avoidable relationships erode and distort the professional nature of the therapeutic relationship, which is secured within a reliable set of boundaries. These include

- Employing
- Exploiting
- Sponsorship

Avoidable relationships create conflicts of interest and thus compromise the disinterest necessary for sound professional judgment.

There is unequal footing between counselor and client

The nature of your counseling would change

This could affect future needs of the client.

BOUNDARY VIOLATIONS

Sexual relationships

Once a client, always a client

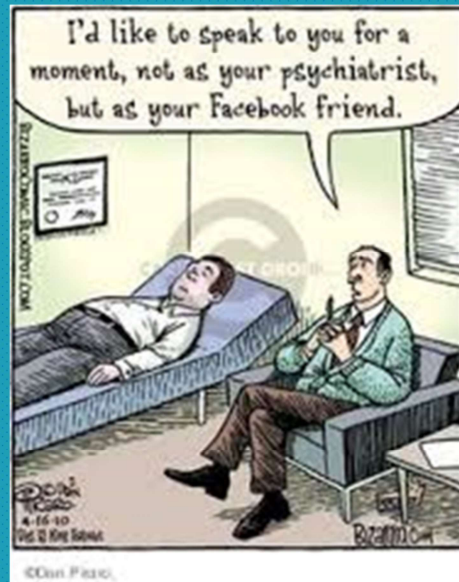
While Ethical Codes allow for sexual relationships after two years, irreparable harm can and often does occur between counselor and a former client who become sexual partners.

Sexual or romantic relationships with clients directly violate one of the fundamental principles of professional ethical behavior — Nonmaleficence, or avoiding actions that cause harm.

There will always be a “Power Imbalance” between client and counselor who become sexual partners. Deep psychological harm may be a result as well. Maybe even death.

Best practice is to adopt the philosophy of
“Once a client, always a client”

DIGITAL RELATIONSHIPS



While this cartoon is funny, all too often in small rural communities social media plays a large role in the lives of the recovery community, of which a clients and counselors are often traveling in the same circles.

SOCIAL MEDIA BOUNDARIES

Should clients and counselor be friends on any Social Media Platform?

Facebook, TikTok, Snapchat, Instagram, Paler, Twitter. Whatever platform Trump invents. MySpace is even making a comeback they say. All ways to communicate

While social media friendships may appear harmless, they may form a boundary crossing that could spill into a boundary violation.

Too often, people don't think twice about disclosing their personal information online. In fact, many frequent users of social networking websites willingly divulge lots of private data — including where they live and whom they are attracted to — often under the false assumption that no one else can see that information.

Anti=other area where professional and private become blurred, often at the expense of a client. When a therapeutic relationship is impacted by a professional's private life, a boundary has been crossed.

BOUNDARIES FINAL WORD

What does a Boundary look like?

Bending a rule

∨

Breaking a rule

Think of boundaries as a set of rules. That way you can look at them from this perspective:

Crossing = Bending a rule

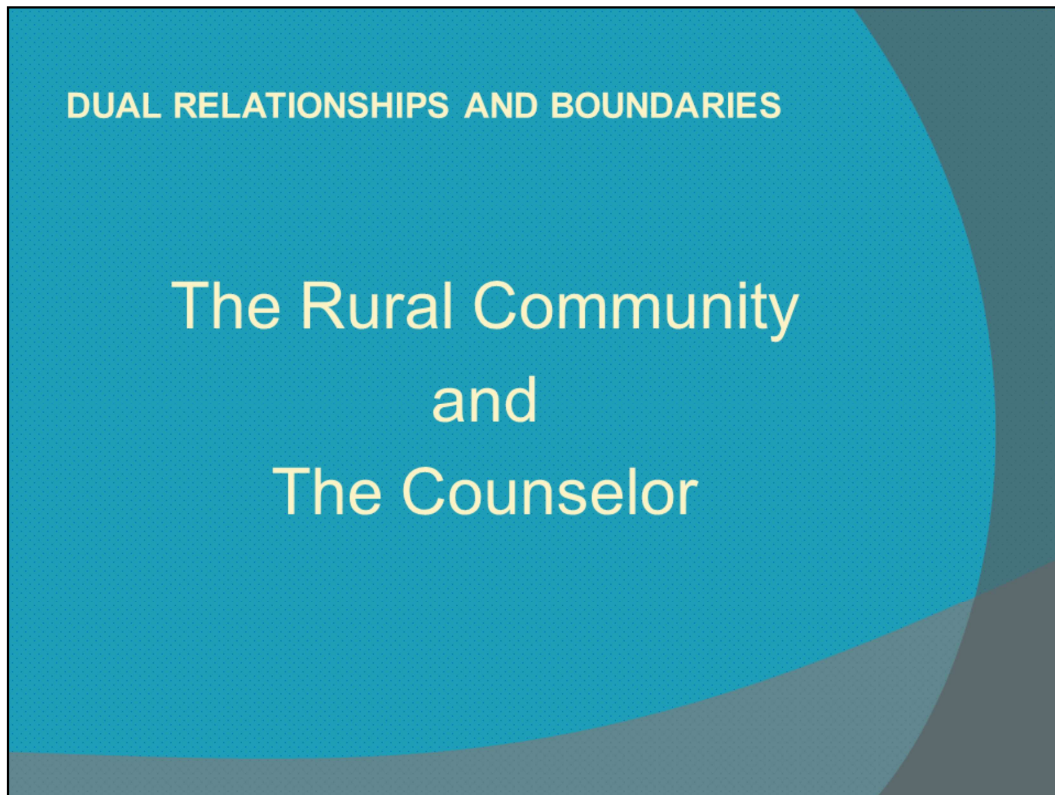
Violation = Breaking a rule

Both should be avoided!

DUAL RELATIONSHIPS



The expression “the elephant in the room” is a metaphor for an important or enormous topic, question, or controversial issue that is obvious or that everyone knows about but no one mentions or wants to discuss because it makes at least some of them uncomfortable and is personally, socially, or politically embarrassing, controversial, inflammatory, or dangerous.



The limited availability of services, cultural and personal values, and hesitancy to seek outside services are some of the characteristics of rural communities that can lead to dual relationships

Dual relationships or multiple relationships refers to any situation where multiple roles exist between a counselor and a client

Dual relationship happens when you are two different “things” to the same person – therapist AND aunt, SUD counselor AND sponsor, clinician AND fellow singer in the church choir

- Some happen **after** the therapeutic relationship starts
- Some happen **before** the therapeutic relationship starts
- All are potentially problematic

While each separate situation may appear harmless, when put together they may form a pattern of boundary crossing



Ethical Question for the class-

You've been treating a client on and off for several years and have gotten to know each other quite well.

Your relationship is at the point that it feels more like you are reconnecting with an old friend.

This is a good thing... right?

Dual Relationships

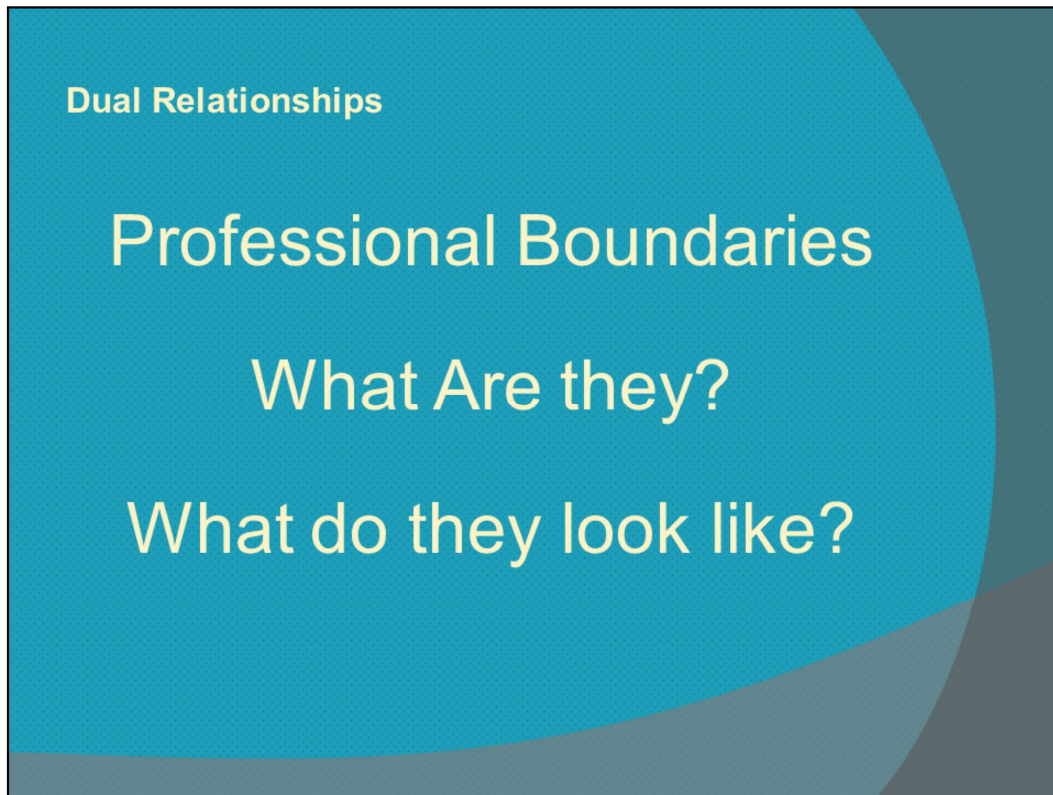
How will you know?

You need to know how a personal relationship and a professional relationship differ

In order to answer this question you need to know how a personal relationship and a professional relationship differ from each other.

Without knowing the differences between the boundaries of a personal and professional relationship, how will you know if the line between the two is blurred or even crossed?

Which brings us back once again to boundaries. Are you sensing a trend?



Let's discuss the meaning of boundaries with the dual relationship orbit.

Professional boundaries are intended to set limits and clearly define a safe counseling situation between counselor and client.

Like a dual relationship that is sexual, a nonprofessional dual relationship has the potential to blur boundaries between counselor and client, create a conflict of interest, enhance the potential for exploitation and abuse of power and/or cause the counselor and client to have different expectations of therapy.

Dual Relationships

The client's best interests
matter most!

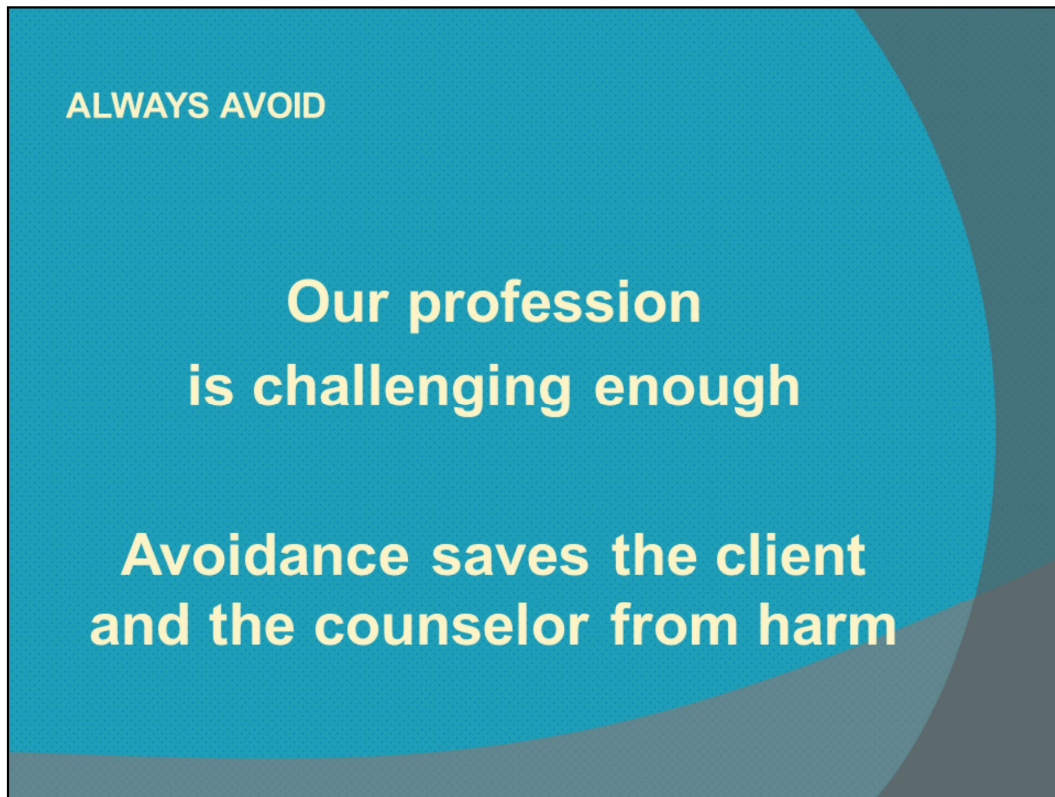
Do what is in the best
interest of the client.

Counselors are ethically mandated to approach dual relationships with care and caution. Informed consent can be a critical component of engaging in a dual relationship (non-sexual).

And this included specifying the potential negative consequences of such a relationship.

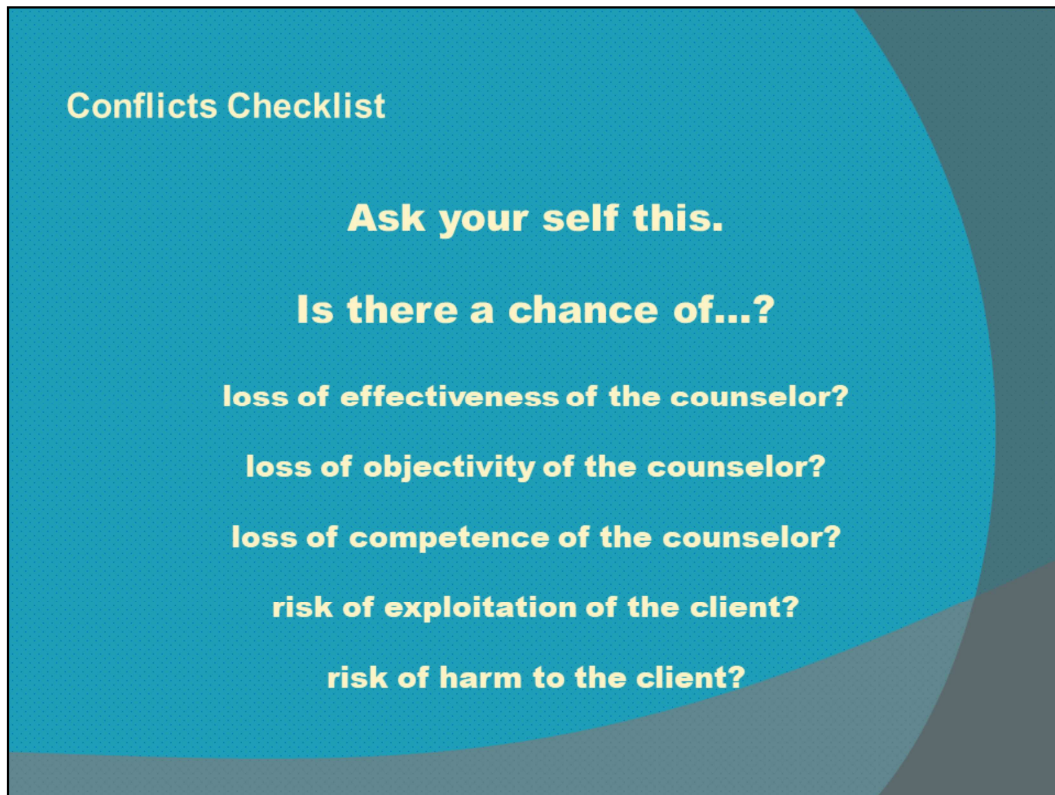
Do what is in the best interest of the client.

Avoid Dual relationships if at all possible!



As we have discussed, these are the issues that should be avoided. Our profession is challenging enough as it is, without added stress and strain from non-professional Intimacy, Sexual relationships, and entering into business arrangements.

Avoidance saves the client and the counselor from harm and is the ethical thing to do.



When contemplating entering into any kind of relationship with a client one must ask oneself if there is a chance of any of the following happening

Is there a chance of...

loss of effectiveness of the counselor?

(if no, proceed to the next step)

loss of objectivity of the counselor?

loss of competence of the counselor?

risk of exploitation of the client?

risk of harm to the client?

(if no, proceed with caution after consulting with a supervisor or colleague to determine the client's best interests and to identify any ethical blind spots on the part of the counselor)

Key Points to Remember

Set the stage

Correct infractions immediately

Document

Maintain clear boundaries

Set the stage

With appropriate boundaries from the initial assessment.

Clients take their cues for acceptable behavior based on how you speak and act.

Seemingly harmless comments from the counselor or the client can slide quickly into uncomfortable territory.

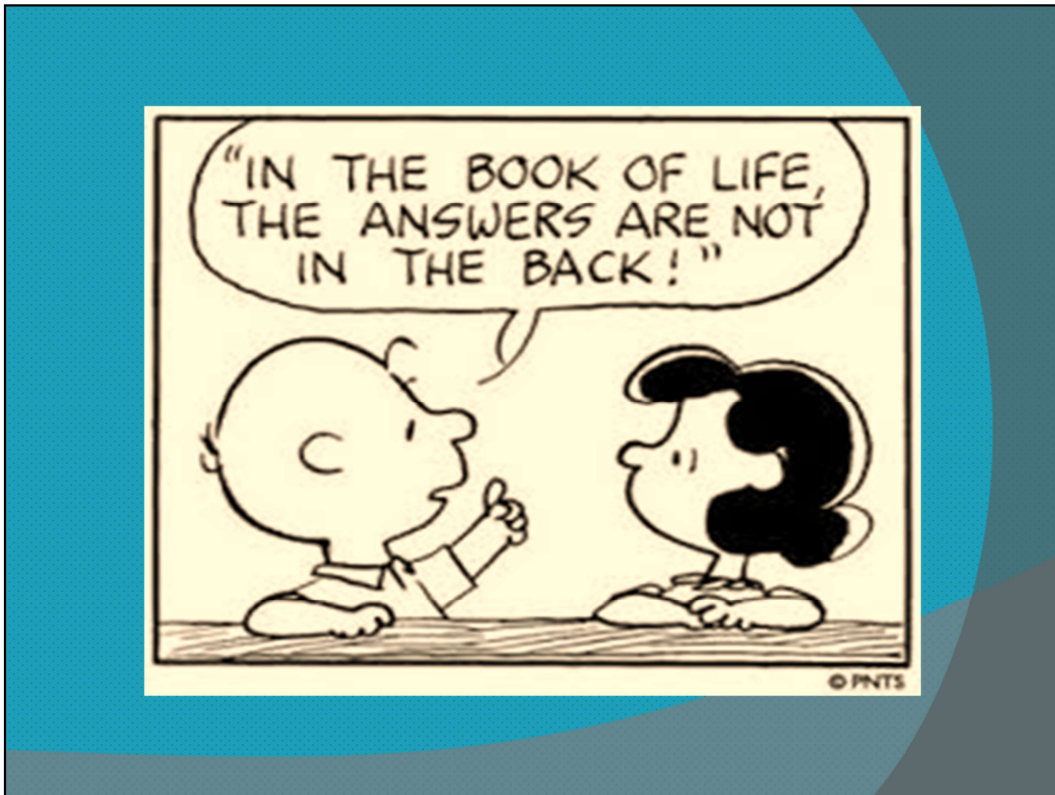
Correct infractions immediately

It is the counselor's responsibility to re-establish the professional boundaries, regardless of who crossed the line.

Document

Both inappropriate behavior and measures taken to re-establish the professional boundaries.

Maintain clear professional boundaries to protect you and your client.



Life does not come with a rigid set of instructions to solve every problem that may arise. Yet, hopefully we as counselors have common sense and good judgement. For those of use who do not, pain and suffering are sure to follow. And once again we look to James Dalton for guidance; "There's always Barber College". Maybe the profession and the ethical mandates are not for you. No shame in that. The shame would be in thinking you and your clients can get around this and come out okay. Don't fool yourself. Some one always gets hurt. Not if, but when.

At the very, very least, following a Code of Ethics and Conduct will at least help us to avoid pain and suffering while we save lives. Because ultimately that is what we are in the business of.

ETHICAL PRACTICE GOALS

**How to use what
you have learned today**

Evaluate Your Roles & Responsibilities in Providing Ethical Boundary Setting In The Real World:

Counselor

Clinical Supervisor

Program Manager

Program Director

Ethical Responsibilities

Improve Your Ability To Deal With Boundary Issues & Ethical Dilemmas

Ethics Going Forward

Program Homework

Things to do as an agency

**Things to do as individual
SUD Counselor**

**Things to do as member of a
Treatment Team**

Define The Issues

Evaluate Potential Conflicts

Discuss Boundary Issues Counselors Face When They Live And Work In Small Rural Communities

Explore The Special Challenges That Are Presented By The Powerful Influences Of Social Media

Setting Boundaries

Crossings Vs Violations

Discuss Whether Dual Relationships Are Ever Acceptable

Review Various Codes of Ethics

QUESTIONS

**El Dorado County
Substance Use Disorder Services**

Quality Management Supervisor
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Quality Management Trainer
Dennis Wade
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I want to thank every one for attending today.

Please feel free to contact Shaun or myself for any questions you may have.

(End recording)

The End Code 3261

A survey will be sent out. Please use your start and end codes on the survey. For those with sud counselor credentials, an exam link will be sent out to you via email. You must answer 7 of 10 correct to pass

CUEs and Certificates of Attendance will be sent out soon.

Our next training will take place Thursday November 2, 2023. The topic is Native American SUD Treatment and will take place at the Shingle Springs Band of Miwok Indians Rancheria. Details and registration information to follow soon. Until next time, have a great rest of your day everyone.